

AUG 18 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:  
David SIADA et al.

Art Unit: 2611  
Examiner: Aghdam, Freshteh N.

Serial No: 09/989,100  
Confirmation No: 9287  
Filed: November 21, 2001  
For: Integrated Transformer For Multiple Transceivers

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:  
Mail Stop RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450, on  
August 14, 2006  
Date of Deposit  
Juanita Soberanis  
Name  
*Juanita Soberanis*  
Signature  
8/14/2006  
Date

Mail Stop RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith in the above-identified application are the following:

- ☒ Request for Continued Examination (RCE).  
☒ Amendment.  
☒ Petition for Extension of Time.  
☒ Return Postcard.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	26	-	29 **	0	LG=\$50 SM=\$25	\$50	\$ 0
INDEPENDENT CLAIMS FEE	5	-	4 ***	1	LG=\$200 SM=\$100	\$200	\$ 200
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180		\$
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)					\$250 FOR EACH ADDITIONAL 50 SHEETS		\$
Independent Claims: 1, 10, 17, 23 and 30					TOTAL		\$ 200

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$\_\_\_ to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**
- ☐ A check in the amount of \$\_\_\_ to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**
- ☒ The Commissioner is hereby authorized to charge \$200 to cover the additional independent claims fee to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
- ☒ The Commissioner is hereby authorized to charge \$120 for the Extension fee and \$790 for the RCE fee and any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,  
HOGAN & HARTSON L.L.P.

Date: August 14, 2006

By: *Troy M. Schmelzer*  
Troy M. Schmelzer  
Registration No. 36,667  
Attorney for Applicant(s)

Biltmore Tower  
500 South Grand Avenue, Suite 1900  
Los Angeles, California 90071  
Telephone: 213 337-6700  
Facsimile: 213 337-6701